

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
Public Health Priority Funding Project
PO Box 360, Trenton, NJ 08625-0360**

FOR STATE USE

Approved _____

Pending _____

APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING

PLEASE TYPE OR PRINT ALL INFORMATION. PLEASE RETURN THE ORIGINAL AND ONE (1) COPY OF EACH PAGE OF YOUR APPLICATION TO THE ADDRESS LISTED ABOVE. THANK YOU.

1. Name of Local Health Agency										
Street Address	City	County	State	Zip Code						
2. Name and Title of Fiscal Contact										
				Telephone Number						
Street Address	City	County	State	Zip Code						
3. Name of Health Officer				Telephone Number						
4. Public Health Activity Designated for Funding (IMPORTANT: See Attachment A for Eligible Activities.) Check All that Apply:										
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top; width: 33%;"> A. Public Health Infrastructure* 1 <input type="checkbox"/> Public Health Emergency Notification System (NJ LINCS Health Alert Network)* 2 <input type="checkbox"/> Workforce Development* 3 <input type="checkbox"/> Local Public Health Systems Development* </td> <td style="vertical-align: top; width: 33%;"> C. Public Health Administration 1 <input type="checkbox"/> Health Promotion/ Education 2 <input type="checkbox"/> Public Health Advocacy D. Environmental/Occupational Health 1 <input type="checkbox"/> Environmental Sanitation/Safety 2 <input type="checkbox"/> Occupational Health </td> <td style="vertical-align: top; width: 33%;"> F. Maternal and Child Health 1 <input type="checkbox"/> Childhood Lead Poisoning* 2 <input type="checkbox"/> Family Education/ Outreach 3 <input type="checkbox"/> Improved Pregnancy Outcome 4 <input type="checkbox"/> Adolescent Health 5 <input type="checkbox"/> Child Care Provider Health Consultation 6 <input type="checkbox"/> Prevention Oriented Services for Child Health (using PorSCHe model) 7 <input type="checkbox"/> Infants and Preschool Children </td> </tr> <tr> <td style="vertical-align: top;"> B. Epidemiology and Disease Prevention/Control 1 <input type="checkbox"/> Reportable Disease Control 2 <input type="checkbox"/> Tuberculosis 3 <input type="checkbox"/> Sexually Transmitted Diseases 4 <input type="checkbox"/> Older Adult Immunizations (influenza and pneumococcal disease) 5 <input type="checkbox"/> Childhood Immunizations </td> <td style="vertical-align: top;"> E. Older Adult Health 1 <input type="checkbox"/> Health and Wellness 2 <input type="checkbox"/> Mental Health 3 <input type="checkbox"/> Injury Control 4 <input type="checkbox"/> NJ EASE Linkages </td> <td style="vertical-align: top;"> G. Monitoring and Quality Assurance 1 <input type="checkbox"/> NJIIS (Immunization Information System) </td> </tr> </table>					A. Public Health Infrastructure* 1 <input type="checkbox"/> Public Health Emergency Notification System (NJ LINCS Health Alert Network)* 2 <input type="checkbox"/> Workforce Development* 3 <input type="checkbox"/> Local Public Health Systems Development*	C. Public Health Administration 1 <input type="checkbox"/> Health Promotion/ Education 2 <input type="checkbox"/> Public Health Advocacy D. Environmental/Occupational Health 1 <input type="checkbox"/> Environmental Sanitation/Safety 2 <input type="checkbox"/> Occupational Health	F. Maternal and Child Health 1 <input type="checkbox"/> Childhood Lead Poisoning* 2 <input type="checkbox"/> Family Education/ Outreach 3 <input type="checkbox"/> Improved Pregnancy Outcome 4 <input type="checkbox"/> Adolescent Health 5 <input type="checkbox"/> Child Care Provider Health Consultation 6 <input type="checkbox"/> Prevention Oriented Services for Child Health (using PorSCHe model) 7 <input type="checkbox"/> Infants and Preschool Children	B. Epidemiology and Disease Prevention/Control 1 <input type="checkbox"/> Reportable Disease Control 2 <input type="checkbox"/> Tuberculosis 3 <input type="checkbox"/> Sexually Transmitted Diseases 4 <input type="checkbox"/> Older Adult Immunizations (influenza and pneumococcal disease) 5 <input type="checkbox"/> Childhood Immunizations	E. Older Adult Health 1 <input type="checkbox"/> Health and Wellness 2 <input type="checkbox"/> Mental Health 3 <input type="checkbox"/> Injury Control 4 <input type="checkbox"/> NJ EASE Linkages	G. Monitoring and Quality Assurance 1 <input type="checkbox"/> NJIIS (Immunization Information System)
A. Public Health Infrastructure* 1 <input type="checkbox"/> Public Health Emergency Notification System (NJ LINCS Health Alert Network)* 2 <input type="checkbox"/> Workforce Development* 3 <input type="checkbox"/> Local Public Health Systems Development*	C. Public Health Administration 1 <input type="checkbox"/> Health Promotion/ Education 2 <input type="checkbox"/> Public Health Advocacy D. Environmental/Occupational Health 1 <input type="checkbox"/> Environmental Sanitation/Safety 2 <input type="checkbox"/> Occupational Health	F. Maternal and Child Health 1 <input type="checkbox"/> Childhood Lead Poisoning* 2 <input type="checkbox"/> Family Education/ Outreach 3 <input type="checkbox"/> Improved Pregnancy Outcome 4 <input type="checkbox"/> Adolescent Health 5 <input type="checkbox"/> Child Care Provider Health Consultation 6 <input type="checkbox"/> Prevention Oriented Services for Child Health (using PorSCHe model) 7 <input type="checkbox"/> Infants and Preschool Children								
B. Epidemiology and Disease Prevention/Control 1 <input type="checkbox"/> Reportable Disease Control 2 <input type="checkbox"/> Tuberculosis 3 <input type="checkbox"/> Sexually Transmitted Diseases 4 <input type="checkbox"/> Older Adult Immunizations (influenza and pneumococcal disease) 5 <input type="checkbox"/> Childhood Immunizations	E. Older Adult Health 1 <input type="checkbox"/> Health and Wellness 2 <input type="checkbox"/> Mental Health 3 <input type="checkbox"/> Injury Control 4 <input type="checkbox"/> NJ EASE Linkages	G. Monitoring and Quality Assurance 1 <input type="checkbox"/> NJIIS (Immunization Information System)								
COMPLETE A <u>WORK PLAN</u> FOR EACH ACTIVITY CHECKED (See page 6)										
<p>*Important Note – Public Health Emergency Notification System (NJ LINCS Health Alert Network), Workforce Development, and Local Public Health Systems Development activities listed under <u>A. Public Health Infrastructure</u>, and Childhood Lead Poisoning, under <u>F. Maternal and Child Health</u>, are <u>required</u> to be provided by all funded local health departments. PHPF has been provided to support these activities, unless they are otherwise supported by local dollars. (See page 2, 3, 4 and 5 of this application.)</p>										
5a. Total PHPF Funds Requested:		b. For Project Period (Enter year):								
\$		From: January 1, 2006 To: December 31, 2006								
6. CERTIFICATION: I certify, to the best of my knowledge and belief, that this application and its attachments are true and correct, and further agree that any funding as a result of this application shall be subject to the conditions, policies, rules and regulations of the New Jersey Department of Health and Senior Services, and the State of New Jersey, including any provisions described in the application instructions.										
Name of Health Officer (Print)										
Signature of Health Officer (Required)			Date of Application							

[illegible]

Page 2Aof 6 Pages

[illegible]

[illegible]

Page 3A of 6 Pages

[illegible]

[illegible]

Page 4A of 6 Pages

[illegible]

7. Name of Local Health Agency	8. Date of Application
--------------------------------	------------------------

Check ☐ If continued on additional page.

THIS PAGE MUST BE COMPLETED BY ALL LOCAL HEALTH DEPARTMENTS.

[illegible]

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application
12. Name of Activity (e.g., Health Promotion/Education, etc.)	
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>	
Check <input type="checkbox"/> If continued on additional page.	
14. Activity Budget: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> a. Total PHPF Allocated to this Activity \$ _____ </div> <div style="text-align: center;">+</div> <div style="text-align: center;"> b. Total Funds from Other Sources: \$ _____ </div> <div style="text-align: center;">=</div> <div style="text-align: center;"> c. Total Activity Budget: \$ _____ </div> <div style="border: 1px solid black; width: 150px; height: 50px; margin-left: 20px;"></div> </div> <div style="text-align: right; margin-top: -40px; margin-right: 20px;"> FOR STATE USE </div>	

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%;">a. Total PHPF Allocated to this Activity</td> <td style="width: 10%;"></td> <td style="width: 30%;">b. Total Funds from Other Sources:</td> <td style="width: 10%;"></td> <td style="width: 10%;">c. Total Activity Budget:</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 100px; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; height: 40px; width: 100px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%;">a. Total PHPF Allocated to this Activity</td> <td style="width: 10%;"></td> <td style="width: 30%;">b. Total Funds from Other Sources:</td> <td style="width: 10%;"></td> <td style="width: 10%;">c. Total Activity Budget:</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 100px; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 100px; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 10%; text-align: center;">+</td> <td style="width: 30%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 20%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td></td> <td style="text-align: right;">\$ _____</td> <td></td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity	+	b. Total Funds from Other Sources:	=	c. Total Activity Budget:		\$ _____		\$ _____		\$ _____	
a. Total PHPF Allocated to this Activity	+	b. Total Funds from Other Sources:	=	c. Total Activity Budget:									
\$ _____		\$ _____		\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%;">a. Total PHPF Allocated to this Activity</td> <td style="width: 10%;"></td> <td style="width: 30%;">b. Total Funds from Other Sources:</td> <td style="width: 10%;"></td> <td style="width: 10%;">c. Total Activity Budget:</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 100px; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 10%; text-align: center;">+</td> <td style="width: 30%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 20%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td></td> <td style="text-align: right;">\$ _____</td> <td></td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity	+	b. Total Funds from Other Sources:	=	c. Total Activity Budget:		\$ _____		\$ _____		\$ _____	
a. Total PHPF Allocated to this Activity	+	b. Total Funds from Other Sources:	=	c. Total Activity Budget:									
\$ _____		\$ _____		\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 100px; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 150px; height: 40px; margin-left: 20px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN**

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 100px; height: 40px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									

New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development
APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued
ACTIVITY WORK PLAN

10. Name of Local Health Agency	11. Date of Application												
12. Name of Activity (e.g., Health Promotion/Education, etc.)													
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Outcomes. <u>(A separate Work Plan must be completed for each activity.)</u>													
Check <input type="checkbox"/> If continued on additional page.													
14. Activity Budget: <div style="text-align: right; margin-top: 10px;">FOR STATE USE</div> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: right;">a. Total PHPF Allocated to this Activity</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">b. Total Funds from Other Sources:</td> <td style="width: 5%;"></td> <td style="width: 30%; text-align: right;">c. Total Activity Budget:</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> <td style="border: 1px solid black; width: 100px; height: 40px; margin-left: 10px;"></td> </tr> </table>		a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:		\$ _____	+	\$ _____	=	\$ _____	
a. Total PHPF Allocated to this Activity		b. Total Funds from Other Sources:		c. Total Activity Budget:									
\$ _____	+	\$ _____	=	\$ _____									